

**LICENSING DIVISION**400 R STREET, SUITE 3080
SACRAMENTO, CA 95814**CHANGE OF ADDRESS**

(Please type or print clearly)

Please mail this form to the Licensing Division at the above address or fax to (916) 322-4274 or (916) 445-1694. Thank you.

License or Registration Number(s): _____

Date of Birth: _____

Social Security Number: _____

OLD ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____

NEW ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____

Business and Professions Code Sections 7508.6, 7566 and 7599.59 state that the director may assess administrative fines against any licensee, registrant, or firearms qualification card holder for failure to notify the bureau within 30 days of any change of residence or business address.

SIGNATURE _____ **DATE** _____